MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I" AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. • 52 24. $3\bar{0}$ TOTAL IND TOTAL IND. TOTAL DEP TOTAL CLAIMS TOTAL